DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: FOREST GROVE (310692)

Address: 13800 FOREST GROVE RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 11/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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Survey ID: 0096539 End Date: 03/02/2006 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095866 End Date: 10/04/2005 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009474 Served 11/14/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	03/02/2006	Yes
83.33(3)(e)2.b	INJECTIONS	03/02/2006	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	03/02/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 11/10/2005 SOD #10009474 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION FORFEITURE---83.33(3)(e)2.b

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Complaint History

Date Complaint Received: 11/29/2005 Date Investigation Completed: 03/02/2006

Subject Area(s) Result SOD #

MEDICATIONSNOT SUBSTANTIATEDADMINISTRATIONSUBSTANTIATEDSTAFF TRAINING AND PROFICIENCYNOT SUBSTANTIATED

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